

FILING UNDER 35 U.S.C. 371 or UNDER 35 U.S.C. 111

Application Data Sheet**Application Information**

Application Number::

Filing Date::

Herewith

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

RESEALABLE PACKAGING BAG

Attorney Docket Number::

7396.3004.001

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

5

Small Entity::

Yes

Latin Name::

Variety denomination name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: ¹⁰⁰ Robert
Middle Name::
Family Name:: Elsaesser
Name Suffix::
City of Residence:: Kirchberg CH
State or Province of Residence::
Country of Residence:: Switzerland
Street of mailing address:: Industrie Neuhof
3422 Kirchberg
City of mailing address::
State or Province of mailing address::
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address::

Applicant Authority type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

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State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority type::
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Family Name::
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Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number::

Name::

William J. Schramm

Street of mailing address::

P.O. Box 4390

City of mailing address:: Troy
 State or Province of mailing address: MI
 Postal or Zip Code of mailing address: 48099
 Phone Number:: 248 689 3500
 Fax Number:: 248 689 4071
 E-Mail address:: schramm@reising.com

Representative Information

Representative Customer Number:: 23399

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
PCT	PCT/CH02/00019	01/11/02	Yes

Assignee Information

Assignee Name:: Elsaesser Verpackungen A.G.

Street of mailing address:: Industrie Neuhof
3422 Kirchberg

City of mailing address::

State or Province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address::